

## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

01/04/93

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD986644524

FACILITY NAME -> LEWIS FLYING SERVICE INC

MAILING ADDRESS -> 1531 N TUCKAHOE RD WILLIAMSTOWN, NJ 08094-8913

INSTALLATION ADDRESS -> 1531 N TUCKAHOE RD WILLIAMSTOWN, NJ 08094-8913

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY **REGION II 26 FEDERAL PLAZA NEW YORK, NEW YORK 10278** 

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006 HAZARDOUS & SOLID WASTE PROGRAMS BRANCH **RCRA NOTIFICATIONS** 

TO: LEWIS, JEAN MGR LEWIS FLYING SERVICE INC 1531 N TUCKAHOE RD WILLIAMSTOWN, NJ 08094-8913

## CASIE PROTANK

December 21, 1992

Lewis Flying Service, Inc. 1531 North Tuckahoe Rd Williamstown, N. J. 08094-8913

Attention:

Jean Lewis

Dear Mrs. Lewis:

Enclosed you will find an application for a permanent EPA number for the removal of drums of soil contaminated with lead.

Please sign and date at the bottom of the second page.

It is in your best interest to overnight this application to the following:

US EPA Region II Air & Waste Management Division 26 Federal Plaza - Room 1006E New York, N.Y. 10278 ATTN: RCRA Notifications

If you should have any further questions regarding this matter, please do not hesitate to contact me at (609) 696-4401.

Sincerely,

Anne J. Giacomoni

Environmental Co-ordinator

enclosure\$

Form Approved. UMB No 2050 0028 Expires 10 31-91 GSANO 0745 FPA OT

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 2010)



## Notification of **Regulated Waste**

**Date Received** (For Official Use Only)

of the Resource Conservation and Recovery Act).	States Enviror		ivity ction Ag		. 1	JEC 24	REU
I. Installation's EPA ID Number (Mark 'X' In the appropriate box)							
A. First Notification B. Subsequer (complete ite		1	150	C. Installation	'S EPA ID N	4152	4
II. Name of Installation (Include company and specific site name)							
LEWIS FLYING	SE	RVI	CE	I	NC.		
III. Location of Installation (Physical address no	t P.O. Box or	Route Numb	er)		WEST TO		
Street	<del></del>						
1531 MORTH T	UCK	AHO	E	RD			<u> </u>
Street (continued)	1 1 1		П	1 1 1 1		<del></del>	1
							<u> </u>
City or Town	<u>,                                    </u>		State	ZIP Code			т т
WILLIAMSTOWA	4	<u> </u>	NS	080	94-	89	13
County Code County Name		·	<del></del>		<del></del>	<del></del>	1
GLOUCESTE	R						
IV. Installation Mailing Address (See Instruction	s) .						
Street or P.O. Box	· · · · · · · · · · · · · · · · · · ·						,
SAME							
City or Town			State	ZIP Code			
					-	T .	
V. Installation Contact (Person to be contacted regarding waste activities at site)							
Name (last)		(first)					
LEWIS		TEB	N				i I
Job Title	<u> </u>	Phone Nur	nher (are	ea code and nu	mber)		<u> </u>
mGR		609	- 6	29 -	349	18.	*
VI. Installation Contact Address (See instruction	75)						Mary St.
A. Contact Address R Street or B O Box	.0,						*
Location Malling B. Silver of P.O. Box						1.   *	· I
City or Town	J					<u> </u>	<u> </u>
City of Town			State	ZIP Code		7-T-	
VII. Ownership (See instructions)							*
A. Name of Installation's Legal Owner			0-			<del>, , , , , , , , , , , , , , , , , , , </del>	-
LEWIS PROPER	16	2 7	RI	NRS	HP		
Street, P.O. Box, or Route Number							
15145 MORY 17	UCK	Alto	E.	RI			
City or Town	<del> </del>		State	ZIP Code			
WILLIAMSTOWN			NJ	0800	74-	89	13
B. Land Type C. Owner Type D. Change of Owner (Date Changed) Phone Number (area code and number)  B. Land Type C. Owner Type D. Change of Owner (Date Changed) Indicator Month Day Year							
609-629-6681	P	P	Yes	No			

		ID - For Official Use Only				
	31 CM	19861044524				
VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)						
A. Hazardous	B. Used Oil Fuel Activities					
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220 - 2,200 lbs.) c. Less than 100 kg/mo (220 lbs.)  2. Transporter (Indicate Mode in boxes 1-a. For own waste only b. For commercial purposes Mode of Transportation  1. Air 2. Rail 3. Highway 4. Water 5. Other - specify	4. Hazardous Waste Fuel a. Generator Marketing to Burner	1. Off-Specification Used Oil Fuel  a. Generator Marketing to Burner  b. Other Markerer  c. Burner - indicate device(s) - Type of Combustion Device  1. Utility Boiler  2. Industrial Boiler  3. Industrial Furnace  2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification				
IX. Description of Regulated Wastes (	Use additional sheets if necessary					
A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles (See 40 CFR Parts 261.20 - 261.24)						
1. Ignitable 2. Corrosive 3. Reactive (D001) (D002) (D003)	4. EP Toxic (List specific EPA hazardous waste n	number(s) for the EP Toxic contaminant(s))				
B. Listed Hazardous Wastes. (See 40 CFR  1 2  D 0 0 8  7 8	261.31 - 33. See instructions if you need to list more  3 4 9 10	than 12 waste codes.)  5				
C. Other Wastes. (State or other wastes req	uiring an I.D. number. See instructions.)					
1 2 X 7 2 5	3 4	5 6				
X. Certification						
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.						
Signature	Name and Official Title (type or print)	Date Signed				
Jane Blus	MANAGER	12/23/92				
XI/Comments						
Soil contaminated with lead						
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Note: Mall completed form to the appropria	nte EPA Regional or State Office. (See Section III o	of the booklet for addresses.)				